

Southeastern Wisconsin Care Management Organization
Statement of Interest – Statewide Long-Term Care Reform
Wisconsin Department of Health and Family Services

Organization Name: Southeastern Wisconsin Care Management Organization (SEWCMO) includes the following interested parties: Community Care, Inc. and its licensed HMO, Community Care Health Plan (CCHP); The Management Group (TMG), Community Care in Action (CCIA), Lutheran Social Services of Wisconsin and Upper Michigan (LSS) in cooperation with Kenosha County; Racine County; Waukesha County; Washington County and Ozaukee County. Information about each organization is attached.

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Brief Description of Organization:

Southeastern Wisconsin Care Management Organization is a consortium of private agencies including Community Care, TMG, CCIA and LSS working in cooperation with Kenosha County, Racine County, Waukesha County, Washington County and Ozaukee County.

Consumers would be involved in the planning process through a series of focus groups. Long-term Care Councils and County Boards would also participate in the planning process.

Together we would explore the development of a culturally competent enterprise as a care management region for the purposes of implementing flexible, individualized, consumer centered and family focused, capitated managed care programs for southeastern Wisconsin residents receiving Medicaid benefits for primary, acute and long-term care. SEWCMO could have access to the 15 years of managed care experience and HMO license of CCHP and an approved special needs program designation through its member, Community Care, Inc. Counties and other private agencies bring their expertise for the successful program operations for all target populations. This enterprise intends to encourage continued collaboration among federal, state, county and private agencies.

Interest in Planning and Implementing Long-Term Care Reform in Wisconsin:

Parties at the table intend to find ways to achieve individual interests with a common goal to reform long-term care. The goal is to meet the requirements of the State of Wisconsin while retaining maximum flexibility for counties to influence and participate in long-term care and provide choice to consumers.

Community Care, Inc. (CCHP) is interested in and has offered to bear the risk for primary, acute and long-term care Medicare and Medicaid services provided in for frail elders and adults with physical and developmental disabilities through PACE, Partnership and/or Family Care.

TMG is interested in providing services related to front end planning; program development and implementation; and ongoing operation and service delivery.

Community Care in Action is interested in assuming and managing risk for adults with developmental disabilities. CCIA is interested in working in partnership with Community Care, Inc. county partners, providers, consumers and advocates to design a seamless transition to managed care. CCIA is committed to the development of self-direction and self-determination options.

LSS is interested in responding to unmet services needs that may emerge. This could include the creation and delivery of community-based, person-centered services, including substitute care, care management, home health care, supportive home care, supportive employment, guardianship and day programming including adult day centers. LSS has over ten years of successful experience managing the risk for providing coordinated, wraparound managed care services to children and families.

Kenosha County is interested in assuring that eligible consumers have local access to a long-term care entitlement regardless of setting. Through its own CMO or in participation with a regional entity, Kenosha County would like assurance that the long-term care needs of its adults protective service clients are met. It may also provide a number of administrative services for the CMO or support other resource centers.

Racine County is interested in the elimination of wait lists with adequate funding in the county for non-MA eligible consumers and having regional consistency in the provision of long-term care services. Racine County is also interested in having a continued voice in decision-making regarding types of services and quality of services for Racine County residents. Racine County is interested in increased options for consumers, especially for those waiver participants with co-occurring mental illness. Racine is also interested in establishing an Aging and Disability Resource Center.

Waukesha County is interested in integrating the Adult Protective Services function, eliminating waiting lists, providing case management services and providing inpatient psychiatric services

Washington County is interested in expanding and enhancing its service capacity.

Ozaukee County is interested in expanding available resources to provide more choices for clients participating in a model that measures the cost of achieving specific outcomes, reducing cost through group purchasing of services or goods, eliminating or reducing waiting list and enhancing revenue by providing case management or other services on behalf of the Long-Term Care Consortium.

Geographic Area of Interest includes Kenosha County; Racine County; Waukesha County; Washington County and Ozaukee County.

Proposed Scope and Nature of the Program.

SEWCMO parties would work together to create a CMO for residents of Kenosha, Racine, Waukesha, Washington and Ozaukee Counties who are over the age of 18 and who meet financial and functional eligibility requirements for Family Care, Partnership and SSI managed care.

SEWCMO parties would work together to create reliable and easy to access adult and disability resource centers which would be expanded for all counties involved in order to

provide information and assistance, options counseling, level of care assessment, referral to economic support and enrollment consultation services into the managed care program selected by an eligible individual.

SEWCMO parties would work together to design a system where economic support operated within each county would make eligibility determination and redetermination and process enrollments for all individuals who apply for Family Care and Partnership through SEWCMO as the care management organization.

Other Social Services, Human Services and Public Assistance agencies operated by each county would continue to be operated in accordance with chapters 46 to 55 Wisconsin Statutes.

The existing Community Options Program (COP) and Community Integration Program (CIP) could then be replaced by more comprehensive managed care models through SEWCMO such as Family Care and Partnership both of which already include all current fee-for-service benefits, including nursing home care. Existing COP/CIP recipients could be transferred into the new model. It is assumed that nursing home care and other long-term care benefits could eventually be subsumed into the Family Care and Partnership models.

Inclusion of services for the chronically mentally ill would be explored as a part of the planning process.

It is also assumed that by the end of 2010, waiting lists in Kenosha, Racine, Waukesha, Washington and Ozaukee Counties would be eliminated as SEWCMO would operate entitlement programs currently known as Family Care and Partnership. Some of the entitlement would be a result of managed care beginning to redirect service dollars to reduce waiting lists. It is also assumed that the state would find ways to fund total entitlement within four years of the first enrollment into SEWCMO.

It is assumed that through the Family Care, Partnership and SSI managed care models more preventive care and disease management would be applied. Writing other grants for funding for other demonstrations and projects would be an on-going function of SEWCMO with its participating agencies.

The involved parties have begun to discuss how the following Care Management Organization functions might be managed by SEWCMO and coordinated with all participating counties:

- Managing all shared financial risk including claims management
- Hiring, employing or contracting for executive and operations management and infrastructure staff
- Selecting and managing all employed and subcontracted interdisciplinary teams
- Submitting all encounter data required
- Preparing all marketing materials
- Developing and maintaining a complete provider network
- Coordinating prevention and wellness resources and programs
- Developing and coordinating all behavioral health and AODA services
- Managing the cash reserve and risk reserve required by DHFS and OCI
- Managing all cost shares and coordination of benefits

- Creating systems for self –directed support
- Holding the Health and Community Services Contracts with the State of Wisconsin Department of Health and Family Services and assuring compliance to the contracts

The involved parties have begun to discuss how the following Care Management Organization functions could be established within each county coordinated with SEWCMO as required by statute or based on county interest:

- Coordinating local CMO Advisory Committees
- Coordinating local Consumer Advisory Committees
- Monitoring quality, consumer/member rights and advocacy, grievance and appeal resolution and ethics reviews through local steering committees, long-term care councils, county boards and/or other local bodies.
- Further exploring and developing housing options for enrollees who need such assistance
- Managing ESS functions to assure financial eligibility
- Using existing information systems for member record keeping and to produce needed encounter data
- Managing statutory adult protective services

The involved parties have begun to discuss how the following Care Management Organization functions might be subcontracted by SEWCMO with interested and willing counties:

- Completing all functional screen determinations and redeterminations as required by the state
- Developing and maintaining a complete provider network
- Coordinating prevention and wellness resources and programs
- Providing behavioral health and AODA services
- Providing interdisciplinary team functions for elderly, physically disabled and developmentally disabled through Family Care or SSI managed care.

It is assumed that the participating parties in SEWCMO have the expertise to provide the care management for frail elders and adults with physical and developmental disabilities. Assuming the risk for the developmentally disabled population directly or through sub-capitation would be further explored by participating parties in SEWCMO.

SEWCMO could provide SSI managed care services itself, through subcontracts with existing or new managed care organizations providing SSI managed care services or could work in tandem with existing or new managed care organizations who provide SSI managed care services. This would be further explored as a part of the planning process.

We intend the system to be able to provide the most integrated and seamless array of services in each county that makes the most sense for consumers and creates the easiest contracting relationship for a regional care management organization for the Department of Health and Family Services.

SEWCMO would use a planning process to develop a continuum of care model where consumers would be able to choose a model of care that best meets their needs and where federal and state payers would reimburse SEWCMO based on actuarially sound

rates for the appropriate level and intensity of care provided through SSI managed care, Family Care or Partnership.

Other Comments or information

Through programs like PACE/Partnership, Family Care and SSI managed care models provided by SEWCMO, it is anticipated that the following DHFS principles would be applied:

- resources and funding follow the person
- providers have a shared responsibility with the consumer for positive clinical, social and personal consumer outcomes
- services are managed to provide continuity and quality care and a quality of life
- families and informal supports are supported in their caregiving roles
- a culturally competent array of services are available and support choices
- self determination concepts are developed and applied
- as long as possible, individuals are supported to live in their community
- services are provided in a timely fashion and in a variety of settings
- preventative efforts are planned and supported
- consumers participate in governance

Waukesha, Washington and Ozaukee Counties, LSS, Community Care, Inc., TMG and CCIA are also part of an RFI process with the Family Partnership Care Management Coalition (FPCMC). This RFI is considered loosely coordinated with and complementary to the RFI submitted by FPCMC. As RFI responses are considered, SEWCMO parties would work cooperatively in exploring care management options and opportunities to collaborate on issues related to information technology, quality monitoring, network development and staff training.

Kenosha County is submitting an independent RFI response planning to implement a Family Care Program. Continued participation in this RFI will be dependent on the outcome of their independent RFI response by DHFS.

Letters of support from each participating counties are also attached.